948

ARIZONA STATE DEPARTMENT OF HEALTH

(This retu should preferably be made by the pen who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 150

Place o Birth _Rice_ ..... County _Gila_ ..... No. ..... St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Mal			

DATE OF BIRTH* _Oct - 16 - 1923_
(Month) (Day) (Year)

FULL NAME **FATHER** _Samuel Kee_

FULL* MAIDEN NAME **MOTHER** _Jessie Miller_

I HEREBY CERTIFY that the child described herein has been named

David Kee Sr.

(Give name in full)   (Surname)

x _Amy Kee_
(Parent Signature)

....
(Signature of Physician or Midwife)

*These ns to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41.

H25 - 1016 - 249